

# ISQua 2019 Abstract Submission

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## ESTABLISH AN INDICATOR PLATFORM FOR A REGIONAL TEACHING HOSPITAL

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**Preferred presentation method:** Poster Display

**Are you a first time presenter at an ISQua Conference?:** Yes

**Objectives:** The concept of the healthcare quality indicator originated from the 1980s. Donabedian proposed triad of structure, process and outcome as the framework to evaluate the quality of healthcare. Quantified data was set as a benchmark to examine healthcare quality. According to the outcome of the healthcare quality indicators, the hospital can improve the weaknesses via the quality tools to promote patient care and healthcare quality. In view of this, the establishment of an automatic indicator monitoring platform for construction, integration, and analysis of automated operations, will assist the hospital to reduce the labor costs, improve the accuracy of the indicators and promote the healthcare quality.

**Methods:** Since January 2015, QCD, Information Division and the indicator-reporting units convened a multi-disciplinary-team discussion meeting to propose the field, definition, disposition, management and monitoring functions, charts and generation of automatic warning system etc. Our Information Division is responsible to develop an in-house indicator monitoring platform. The indicator platform was initially established in January 2017, and the original reporting method and dual-track on-line reporting system were carried out for 3 months to check the correctness of the system data. Debug and modification to be a user-friendly interface of the abovementioned dual-track operation system were completed and officially executed in May 2017.

**Results:** After the indicator platform was launched into formal operation, preliminary effectiveness was listed below,

1. The definition, threshold, reporting frequency, the responsible person and the assurance committee of each indicator can be queried through the indicator system and it is not necessary to ask the QCD or the reporting unit one by one to save communication time. .
2. Direct inquiry of the indicator data and comparison including historical data, control charts, trend charts, and peer-comparison charts etc. through the indicator platform, can facilitate decision-making in management.
3. The system can automatically identify the abnormality indicators. If the indicator fails to reach the threshold for two consecutive months, the indicator anomalies will be displayed in red, and the indicator reporting unit should then report to the QCD with their abnormal analysis and corresponding improvement plan. As well, it can materialize the indicator-control tracking mechanism without manual re-organization and judgment; therefore, QCD can cut down a 4- person working days per month.
4. Through the system, charts and analysis can be directly presented at each monitoring committee or management meeting. It can save manpower and time for re-drawing charts, and sort out the improvement contents. QCD can cut down 2.5-person working days per month.

**Conclusion:** After the system was established, it could reduce the error rate caused by a large number of repeated collations, the administrative communication time between units, and cut down 78-people working days per year. Through this indicator platform, it is easier for the directors and colleagues to notice the abnormal indicators immediately and hence can carry out the analysis and improvements as well as improve the patient safety and promote the healthcare quality. The plan for the future is that data generated from the existing information system can be directly imported into the indicator monitoring platform. It is no longer necessary to have data collection and organization manually by the indicator-responsible units and can improve the data accuracy and save manpower.

**Disclosure of Interest:** None Declared

**Keywords:** Healthcare quality indicators, indicators monitoring platform, Quality Control Division(QCD)